

Lois Day, Director of Child Welfare Programs**Authorized signature****Number:** CW-IM-14-013**Issue date:** 7/15/14**Topic:** Medical Benefits**Subject:** Update to Former Foster Care Youth Medical Program Referral Form**Applies to (check all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> All DHS employees                        | <input type="checkbox"/> County Mental Health Directors                          |
| <input type="checkbox"/> Area Agencies on Aging                   | <input type="checkbox"/> Health Services   |
| <input type="checkbox"/> Aging and People with Disabilities       | <input type="checkbox"/> Office of Developmental                                 |
| <input checked="" type="checkbox"/> Children, Adults and Families | Disabilities Services (ODDS)   |
| <input type="checkbox"/> County DD Program Managers               | <input checked="" type="checkbox"/> Other ( <i>please specify</i> ): Tribes, ILP |
|   | Providers, Homeless & Runaway  |

**Message:**

Children leaving foster care at age 18 and above are eligible for the new [Former Foster Care Youth \(FFCY\) Medical Program](#) that began January 1, 2014. This program, part of the Affordable Care Act, provides medical coverage to former foster care youth up to their 26<sup>th</sup> birthday.

Eligible youth, ages 18 up to 26, may apply using the [Former Foster Care Youth Medical Referral form](#). This form has been updated to include a signature page. Child Welfare staff needs to work with the youth to obtain a signature verifying the information on the form is accurate. If unable to obtain a signature, please do not delay sending the referral to Branch 5508/Children's Medical Unit in Central Office. They will enroll the youth and make efforts to obtain a signature.

**What this means for Child Welfare offices:**

The Child Welfare branch will need to refer youth leaving foster care ages 18 up to 26 to the Former Foster Care Youth Medical Program.

1. The caseworker and youth will complete the medical referral form, ensuring the mailing address is an address that will accept mail on behalf of the young adult for up to 90 days from submission.
2. Obtain a signature from the youth verifying that the information on the form is accurate.
3. E-mail the referral form to the Former Foster Care Youth Program: 5508 C-MED ([5508.C-MED@dhsola.state.or.us](mailto:5508.C-MED@dhsola.state.or.us)).

The Child Welfare branch will need to refer youth leaving foster care before the age of 18 to the Oregon Health Plan. Send an email up to 10 days in advance, or upon notification of state custody ending to OHP CW Requests ([OHPCW.Requests@dhsosha.state.or.us](mailto:OHPCW.Requests@dhsosha.state.or.us)). The email should include:

- Child's name;
- Current address;
- Name parent or guardian child is living with, if applicable;
- Date of birth;
- Prime number;
- Language;
- Alternate format needs (Braille, oral presentation, audio tape, large print, etc.);
- Date CW medical should end and OHP should open; and
- Safety issue affecting DCS referral or other concerns.

OHP Customer Service will email back to coordinate the closing of CW medical and opening OHP medical. OHP will open medical for 45 days and provide the client with a notice that medical will be ending and they have 45 days to submit a [7210](#) medical application before medical coverage ends.

**For Questions contact:**

1. OHP Customer Service Line at 1-800-699-9075 for questions regarding the [7210](#) medical application.
2. Branch 5508 for questions regarding the Former Foster Care Youth Program. Call Leslee Star at 503-947-2598 or Margaret Roberts at 503-945-5720.

*If you have any questions about this information, contact:*

<b>Contact(s):</b>	Valerie Rux		
<b>Phone:</b>	503-945-6654	<b>Fax:</b>	503-945-6969
<b>Email:</b>	<a href="mailto:Valerie.rux@state.or.us">Valerie.rux@state.or.us</a>		